

Songbird Hearing Limited

# Charing Court Residential Home

## Inspection report

Charing Court  
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Charing  
Kent  
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Tel: 01233712491

Date of inspection visit:  
29 October 2019

Date of publication:  
05 December 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Charing Court is an adapted care home providing accommodation and personal care for 33 older people some who are living with dementia. At the time of the inspection, 32 people were living in the service.

### People's experience of using this service and what we found

At our previous inspection we had identified a continued shortfall in the recruitment process for staff. We also recommended that a staffing tool be introduced to ensure there were enough staff for the dependency of the people supported. We also recommended that the provider raise their awareness and understanding of the Accessible information standard (AIS) and implement improvements to the information available to people. The provider had taken steps to make improvements in these areas.

At this inspection, we found improvements in some areas but identified one new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is the fourth consecutive time the service has been rated 'Requires Improvement.'

This inspection highlighted that staff were not always recording incidents that happened to people using the incident reporting procedure. Although staff acted on these occasions to keep people safe, there was a danger that the risks from such incidents were not being appropriately reviewed by the registered manager to minimise further occurrences. We have recommended that reporting procedures are revisited with staff. The current quality assurance system failed to highlight under reporting of incidents and we have required the provider to act around this.

People told us they felt safe and were happy living in the service. Relatives spoke positively about the care their family members received. We observed that people had developed friendship groups and the atmosphere within the service was relaxed and people were comfortable with each other and with staff.

People lived in a clean and well-maintained environment where equipment was routinely serviced to help ensure people remained safe.

There were enough staff to support people's needs. New staff received and induction to their role and all staff received a range of mandatory and specialist training to give them the skills and knowledge they needed to support people. Staff said they felt well supported and were given regular opportunities to meet and discuss their training and development needs.

People's medicines were managed safely. Staff monitored people's wellbeing, they contacted health professionals appropriately when people were unwell and supported them with health appointments.

Staff sought people's consent for the everyday support they provided them with. Staff received training in how to recognise abuse and understood how to keep people safe from harm. Training had been provided to

staff to raise their awareness and understanding of the mental capacity Act and that people sometimes needed help with making decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff showed kindness and compassion towards people and respected their privacy and dignity. Detailed plans of care guided staff in providing support to people in accordance with their personal preferences.

People and their relatives told us that they felt able to bring issues to staff and were confident these would be resolved for them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Requires Improvement. (Published 15/11/2018)

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. The provider acted to mitigate some of the risks during the inspection and we will check if this has been effective when we next inspect. Please see the Safe, and Well led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Charing Court Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by two Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type

Charing Court is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information the registered provider sent us as notifications and enquiries. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection-

We spoke with two care staff one senior care staff, a team leader, the maintenance person and the registered person. We spoke with 14 people living in the service and two relatives. We made observations of care for people who could not tell us or the expert by experience about the support they received

We reviewed a range of records that included five people's care plans, risk information and medicine records. This helped us to understand how people's care was planned, delivered and reviewed. We also reviewed a range of operational records relating to the management of the service. These included staff recruitment, training supervision and appraisal records, equipment servicing, accidents and incidents. We reviewed the systems and processes used by the registered manager to assess, monitor and evaluate the service.

After the inspection –

We asked the registered manager to provide additional evidence in respect of meetings held for people and staff, as well as clarification of a minor recruitment issue and additional quality assurance information. We spoke with one further relative.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our inspection on 19 and 21 September 2018 the provider failed to operate a robust recruitment process. This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, we rated this key question as, 'Requires Improvement'.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 19. Information about a gap in an employee's employment history was resolved quickly following inspection.

- Recruitment checks conducted on recently recruited staff provided the required full range of checks on staff suitability, including previous employment histories, references, and a disclosure and Barring service (DBS) check of any criminal activity. We asked the registered manager to keep a record of the date DBS checks were received as a matter of good practice.
- There were enough care staff to ensure people were assisted in a timely way to receive the support with their everyday personal routines and activities. One person told us, "Today I was looking at some DVD's and I was looking down and lost my balance and slid down. I couldn't reach the call bell, but just then a carer came in to check on me and then two of them helped me up. I am fine now."
- We checked the staff rota which showed the planned shift was filled with the right staff. The registered manager told us that they tried to ensure the right skill mix of staff on duty. For example, a medicine trained staff member, a first aider, a fire marshal for every shift. Previously we had recommended that the registered manager source a dependency tool to help with calculating the number of staff needed to support people's dependency levels. This was now being used.
- Agency staff were used when some shifts could not be covered by existing staff. Two preferred agencies were used to provide agency staff familiar with the service and its routines where possible to provide continuity for people.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Most accidents and incidents were recorded. Records showed the registered manager conducted investigations into what had gone wrong. Learning from these investigations that led to changes in a person's support or procedures was shared and discussed with staff. However, although no one had come to harm there was some evidence of under reporting by staff that posed a potential risk. For example, on 22 October the daily and behaviour records showed a person had placed their hands around the throat of an unrelated visitor. An incident form was not completed which would have prompted a review by the registered manager of the behaviour risk assessment for this person.
- In another example, in the daily notes for October a person had got their hand caught in their bed rail

when trying to sit up, there was no apparent injury but an incident form had not been completed and again had not prompted a review of the risk assessment for the bed rails.

- In a third example the Registered manager was aware of an issue raised with them regarding some alleged missing credit cards. Action was taken, and these were later found. The incident had not been recorded nor the actions taken to evidence any learning from this event or a review of risks.

We recommend that the registered manager review the current incident and accident reporting system with staff to remind them about what they should be reporting to avoid the risk of incidents being overlooked and not addressed.

- Two people confined to bed had their weights assessed using the Mid upper arm circumference (MUAC) system. They were well cared for and staff monitored their wellbeing including their skin integrity closely. However, their air mattress settings far exceeded peoples observed actual weights. We were concerned this could have a negative impact on their skin integrity if not addressed. We asked the registered manager to liaise with the community nurses to check that they were making weight calculations accurately. This was immediately actioned following the inspection and their mattresses adjusted as per the advice received.
- People lived in a service that was well maintained and homely. They were protected from avoidable harm through health and safety checks for hazards and regular servicing of equipment used. For example, hot water temperatures were controlled and monitored to avoid the risk of scalds. Window restrictors were fitted so they could be used safely. Electrical and gas installations were serviced as were the lifts and other equipment supporting peoples care needs.
- Fire equipment and alarm systems were serviced. Fire drills were held with staff, so they knew how to evacuate people to safe areas in the event of a fire. We asked the registered manager to ensure a record was kept of staff attending so they could confirm that all staff had received a minimum of two drills annually. The fire service had recently visited and were satisfied with the fire risk assessment and peoples individual evacuation plans. We asked the registered manager to clarify guidance for staff regarding what they would do if a fire occurred at night as this was not clear.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of experiencing harm or abuse because all staff received training in how to recognise forms of abuse and to act on these to make people safe. Staff were protective of people and knew to report any concerns or suspicions they may have to the registered manager, the provider or to external agencies such as Social Services safeguarding teams. This helped to ensure the right action was taken to keep people safe.
- We observed that people were relaxed and happy in the company of staff. People spoke positively about the support and kindness shown to them by staff and relatives felt assured that their family members were well cared for and safe.

Using medicines safely

- Peoples medicines were managed safely. People were happy for staff to manage their medicines. One person told us "I have lots for eye treatment, umpteen times day. They are very good at that."
- Only trained staff administered, their training and competency was kept updated and reviewed at regular intervals. A signature list was maintained of the administering staff which could be checked against medicine record sheets.
- Arrangements for ordering, receiving, and disposal of medicines were appropriate. Medicine stock was kept to a minimum and easily checked. Medicines were stored securely and in a clean temperature-controlled environment. A system was in place to tell staff when boxed and bottled medicines were started. We checked two medicines and reconciled these against the medicine records which were correct.



- Previously we had identified that there was a lack of guidance for staff regarding why and when 'as and when' required medicines were administered. This guidance was now in place and helped ensure consistency in administration.
- Body maps were used to inform staff where peoples prescribed topical creams needed to be applied; previously we had identified that prescribed creams were not secure in people's rooms. These were now stored in locked cabinets in people's bedrooms. This reduced the likelihood of them being misused by people other than staff.
- Medication records were completed appropriately. The registered manager conducted a monthly audit of medicines to ensure these were being administered safely and areas for improvement could be identified.

#### Preventing and controlling infection

- People lived in a clean environment. A team of housekeeping staff worked to a cleaning schedule for all areas of the service to ensure peoples rooms and communal areas were kept clean and tidy.
- Staff had been provided with training in infection control and food hygiene to raise their awareness and understanding of the steps they needed to take to control the risk of infection. A recent inspection by environmental health saw the service retain its 5 star kitchen rating.
- Staff were provided with uniforms to cover their own clothes and the colour of the uniform denoted their position. Adequate supplies of gloves and aprons were available to staff when undertaking personal care or food related tasks
- The laundry was suitably equipped for its purpose and there was appropriate management of soiled and non-soiled clothing and bedding to avoid risks of cross contamination.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, although there were no breaches in Regulations, this key question was rated as Requires Improvement. This was because some records about hydration and nutrition were not being completed consistently by staff and some applications made under the Mental Capacity Act needed to be reviewed. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People's food likes, and dislikes were recorded in their care plans. Specific dietary needs were acted upon and the kitchen staff were aware of these to inform meal planning and preparation. People could choose alternatives to the main meal if they wanted to.
- People considered at risk from poor nutrition and hydration were monitored to ensure their food intake was enough. Previously we had highlighted that care staff were inconsistently recording people's food and fluid intake. This was much improved with only a few exceptions noted here and there.
- People could take their meals where they wanted to either in the dining room or the privacy of their own room. Most liked to use the dining room for lunch. People were provided with assistance with meal taking if this was needed. Two people were provided with plate guards to aid independence. We observed staff interactions were very good and they were responsive to requests for assistance from people, or for second helpings or extra drinks.
- People's weights were monitored, so significant changes could be noted and referred to healthcare professionals for advice. People assessed as at risk of choking were referred for speech and language therapist input, and staff followed the advice given in respect of food consistency and use of thickeners to minimise choking.
- People told us they enjoyed the food. Their comments included, "Very nice", "Yeah I like the food, but I forget what I have." "Yeah they always say, here is you lunch." "I think it is pretty good now. It has improved, plenty to eat and variety too." "The food is brilliant. I have never had meat so tender ever."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- Previously we had recommended that DoLS applications be reviewed in accordance with national guidance and had rated this domain as requires improvement. Since then the registered manager had acted to better understand the DoLS application process. Six people were currently subject to DoLS authorisations, a further six applications were pending assessment by the DoLS team. There were no conditions in place.
- People's capacity had been assessed and this was reflected in their care plan and was reviewed.
- Where people had a Lasting Power of Attorney (LPOA) in place this had been recorded but the documentary evidence had not always been obtained to provide legal authority. This was discussed with the Registered manager who agreed to take this up with relevant family members.
- Staff were observed seeking people's consent for support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care, and support needs were assessed prior to admission. This took account of people's personal care and communication needs, some of their background history, mobility and specific risks related to their health or social care needs. Additional information was sought from health and social care professionals where necessary to provide a fuller picture of the person's needs.
- Assessments considered information people might choose to give about their lifestyle choices and preferences to ensure these were supported and their rights upheld to avoid discrimination.
- People's needs were evaluated monthly to highlight any change in need or support and adjustments were made to their care plan to reflect this.

Staff support: induction, training, skills and experience

- New staff experienced a basic induction this consisted of office-based learning about the role, the environment and people's needs. New staff also participated in several shadow shifts before they were counted as a full member of staff on the rota. The Registered manager informed us that they were just implementing the Care Certificate (this is a nationally recognised vocational care qualification) and that all new staff would complete this as part of their induction. Existing staff would be measured against the qualification and any gaps in their knowledge addressed.
- People were supported by a team of staff that felt well supported and worked well as a team. Staff received training appropriate to their role, which included moving and handling, infection control, first aid, safeguarding vulnerable adults, dementia, epilepsy, diabetes and equality and diversity.
- Fifteen staff had obtained an NVQ level 2 or above and another four were undertaking the qualification. Asked if they thought staff had the right training a person told us / "Yes I think they are. They have meetings and refresher courses."
- Training was completed on-line and there was also face to face training sessions. Training was updated between 1 and 3 yearly. The training matrix showed that most training was up to date although there were a few staff overdue. Staff were being encouraged by senior staff to complete their on-line training and further face to face courses were also booked/being arranged.
- There was a supervision matrix which showed that all staff had received supervision within the last three months in line with the provider's policy. Staff received an annual appraisal, and a plan was in place to ensure those overdue were completed. During the appraisal staff had the opportunity to comment on their role and responsibilities and their learning and development was discussed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to transition to the service from either hospital or the community.

- Staff worked with local community medical health care staff to help and support people to remain well. A person in the service told us "They have a weekly Doctor that comes on a Wednesday." Staff told us and records showed that they were vigilant about recognising when people's health needs had changed. Staff referred people appropriately to health professionals for advice and guidance. Another person told us "Oh yeah they call the Doctor. They discovered I had thrush a week ago and got the Doctor to me. They are pretty good medical wise."
- People were supported by staff where necessary to attend health care appointments with dentists, GP's and other specialist services. Relatives were encouraged to be involved with these appointments where this was possible as staff were not always available to do so.
- The registered manager was aware of the drive to improve oral healthcare for people in care homes. Oral health assessments had been developed to identify what support people needed around this. People had their own oral health routine and staff ensured they had toothbrushes and toothpaste or alternatives to clean their teeth or dentures.
- People with specific health needs such as Diabetes and epilepsy had personalised care plans in place for this area of their health support and this was managed well. However, records for those with diabetes would benefit from some additional guidance for staff to ensure support was managed consistently and safely. For example, when blood glucose levels fell outside the normal range. We discussed this with the registered manager who agreed to add this information.

#### Adapting service, design, decoration to meet people's needs

- The service provided people with a homely and comfortable place to live. Communal and quiet areas were provided so people could choose where they wanted to spend their time.
- People were supported by staff and relatives to personalise their bedrooms, furnishing these with items of furniture and personal possessions from their former homes to enable them to settle and feel more at home. One person told us "I was more than overjoyed when they told me I could bring in my bed. I chose my duvet and pillow cases too. I also asked if I could get a big TV, so I chose a 65-inch telly, so I could see it."
- The service was fully accessible to people, who were provided with the necessary equipment to keep them safe.
- There had been investment in upgrading bedrooms and other areas of the service, people were informed about proposed changes and how this might impact on them to avoid any distress from proposed works.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were upheld with doors closed when people wished to be private or were receiving personal care. Staff supported people to maintain a well-groomed and preferred appearance. A person told us, "Oh yes. They always knock on the door, even though it is always semi-open as that is the way we prefer it. Another told us, "I showered on my own, then one day a carer said I think it might be a good idea to have someone help you showering. I was impressed with this as I was not aware someone had been watching me. From that day on someone has helped me. I am impressed with the carers here."
- Relatives spoke positively about their overall experiences of the support provided to their family members and felt they were kept well informed about their wellbeing.
- Staff demonstrated that they had knowledge and understanding of each person they supported to deliver care in a person-centred way. For example, we observed a carer return to a person who had been asleep for an hour and a half. The carer helped the person have a cup of tea, talking gently to them as they were waking up and holding the cup and saucer until the person was able to take over.

Ensuring people are well treated and supported; respecting equality and diversity;

- Staff were attentive and engaged well with the people they supported, they treated them with warmth, compassion and kindness. People showed in their responses to staff that they had developed positive relationships with staff and welcomed entering conversation with them. One person told us, "Well I find the accommodation is good, the service is very, very good."
- At lunch, there was a relaxed and upbeat atmosphere with conversations between people around tables and some banter with staff. Staff interacted with people in a quiet and calm manner asking people had enjoyed their food when taking their plate away.
- People assessed for the service were asked about any special support needs they might have. Staff had received training and guidance in respecting the choices people made about their lifestyles. This included supporting people to meet their spiritual needs through attending religious services and receiving communion.
- There was a mixed gender staff team so people's personal preference around which gender of staff worked with them could be accommodated where staff rotas allowed for this.
- Most people were able to express their wishes and preferences to staff but where this was becoming more difficult, staff understood people's different methods of communication, their likes and preferences and used this to help people make decisions in their day to day care. Staff were alert to mood changes and able to intervene to alleviate escalations in heightened emotions before they impacted on others.
- A few people in the service identified themselves as being of Christian faith and were supported to attend

services which were held monthly and receive communion.

Supporting people to express their views and be involved in making decisions about their care

- People were invited to attend residents' meetings which were also open to relatives. These were held three times per year. They provided opportunities for people to learn about up and coming changes and achievements to date. People were also asked to comment on activities and menus and records showed suggestions were made and taken up.
- A newsletter had been developed and was circulated at regular intervals to give people up to date information about what had been happening in the service and any future planned events. Resident meeting minutes indicated that people liked the newsletter, they used it as a memory jogger to remind them about what had happened in the service, and important upcoming events they wanted to be reminded of.
- People were supported as far as possible to make decisions about things that were important to them. Staff discussed their care plan with them and if they were unable to express their views, relatives contributed and commented to ensure this reflected the persons preferences.
- Most people had relatives, friends solicitors and care managers from their local authority to help with decision making. Where needed staff sought external professional help to support decision making for people.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At our previous inspection the management team had not been aware of or considered AIS, so we recommended they seek appropriate advice and guidance on implementing this AIS standard. Since then some progress had been made but remains an area of further development. The registered manager had also produced a guide for people around accessible information and this was displayed for people to look at.
- Since the last inspection people were now asked at the assessment and admission stage what special needs they may have regarding needing information in more accessible formats, such as large print, or voice recorded information. Their responses were recorded and where a need was identified this would be provided for. Those viewed indicated no specific information needs.
- The registered manager had also produced a guide for people around accessible information and this was displayed for people to look at.
- There was lots of visual information such as photographs and written information such as the activity planner which was in a larger print. The menu was in a written format, but staff were able to chat with people about the menu options available to help them decide.
- Appropriate and meaningful signage, to help those with dementia for whom written information was difficult to understand, was provided on communal toilets doors. Some people had also personalised their bedroom doors, so this made them easier to recognise.

### End of life care and support

- At the previous inspection we identified that the development of end of life plans was an area for improvement. Since then, where people or their relatives had made decisions and were happy for this to be recorded, progress had been made to record peoples end of life funeral arrangements and where they would wish to be cared for should they become gravely ill. However, the present information was very basic and lacked personalisation. We discussed this with the registered manager who agreed to expand on the information gathered to provide a fuller understanding of peoples preferences around their end of life care.
- At the time of our inspection visit no one was receiving end of life care.

Planning personalised care to ensure people have choice and control and to meet their needs and

preferences

- Each person had a plan of care . These reflected the care given and provided detailed information such as peoples personal care routines and how they liked to be supported, their social history, method of communication, health needs, and emotional wellbeing. All this information provided staff with a picture of the person and enabled them to provide individualised support. For example, one person's care plan stated they preferred their room cool, they liked the windows open for fresh air and liked to have a red cosy blanket on their lap for comfort. When we met the person, we observed this to be the case.
- Discussions with staff and our observations demonstrated staff were supporting people in accordance with their care plans.
- Care staff consulted with people, their relatives, and where necessary healthcare professionals to gather information that accurately reflected the persons care and health support needs, so they could provide them with a safe quality of care.
- Care plans and risk information were evaluated monthly to ensure these remained accurate. They were reviewed at regular intervals with people and their relatives to reflect changing needs and wishes.
- We observed that call bells were answered promptly by staff, one person told us," The buzzer is very good, and they do anything for you."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spent their day as they wished, and they were free to relax in their bedroom whenever they wanted.
- There was no activities coordinator, but an activity programme had been implemented. Staff and a relative helped people enjoy activities including quizzes, bingo, armchair exercises, quoits and skittles.
- People knew activities were provided and made their own choice whether to participate or not. Two people told us "We could but we don't want to. We are told about it and we know it is there if we want to. We like to sit outside if the weather is appropriate." Another told us "Yesterday I think we did a horse racing game. Someone comes in and leads singing from the Baptist Church."
- Events were organised throughout the year for example the lounge was decorated for Halloween and people were looking forward to a Halloween celebration.
- People were supported to maintain relationships with the important people in their lives. Relatives told us that they were able to visit whenever they wanted and were made welcome. They were invited to any events or resident meetings held at the service. One person proudly told us, "My grandchildren come into see me."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and a procedure. The procedure was visibly displayed in the service and reassured people about their right to make a complaint. People were also provided with copies of the complaint's procedure in their information pack.
- People and relatives said if they had any concerns they would talk with the registered manager or a senior staff member. A relative told us "Yes we would speak to a senior carer. We have had some minor things, but they were quickly sorted. Another person said "Other than being in my own home, it is one of the tops. I have no complaints against this place at all. A relative said "She complains about it sometimes and other times quite enjoys it here."
- The complaints log showed that several complaints had been received in the twelve months since the last inspection. These had been investigated in accordance with the providers policy and were now resolved.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our previous inspections the service had not always been well led and at the last inspection no registered manager was in place. At this inspection a registered manager was now in place

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager completed audits on all aspects of the service including staff files, medicines, infection control, health and safety and care plans. Actions were taken where shortfalls were identified. However, the present quality assurance system had not been effective in identifying that some incidents that occurred to people were not being recorded. Subsequent to the inspection the registered manager had issued renewed guidance to staff about reporting incidents. This was so the provider and registered manager could be better assured that incidents were being managed safely and risks reviewed to minimise further occurrences.

Monitoring systems had not been effective, in highlighting that not all incidents occurring in the service to people were reported by staff. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider visited monthly and made a record of what they had seen and who they had spoken to. The registered provider maintained regular contact with the registered manager, who relayed updates on action plans, outcomes of audits and issues arising.
- There were up-to-date written policies and procedures to help care staff consistently provide people with the right assistance.
- The registered manager provided out of hours on call assistance and advice to care staff when needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour requirement. This requires the service to be open and honest with people and their representatives when things have gone wrong
- Services are required to inform the Care Quality Commission (CQC) of important events that happen within the service. The registered manager had submitted notifications in an appropriate and timely manner in line with guidance.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is

displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. Our most recent rating was conspicuously displayed both in the service and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they thought the service was well led. "Now It is brilliant. I would recommend it to anybody." "This is absolutely fabulous, it couldn't be better." "We have been quite content here. We are happy here. We can a joke with the staff ad they with us. It helps the day go by."
- Staff thought the service had improved. They thought there was better staff continuity, training, and communication. Staff said there had been greater investment in improving the environment for people.
- People, and their relatives were invited to comment about the service. Resident meetings which relatives could attend were held and records showed that people were encouraged to suggest improvements to aspects of life in the service such as changes to the menu, or different activities.
- People and relatives could also give feedback about their experiences of the service through individual feedback questionnaires. This information was analysed by the registered manager who acted to address any identified shortfalls. Comment cards had also been introduced for visitors to the service. A staff questionnaire seeking their feedback was in the process of being completed.
- Resident and relative and staff meetings discussed the previous inspection report and rating. Staff said they were usually informed of planned changes by the registered manager and why they were being put in place. Recently flexible working had been introduced and staff had been informed by letter about this.
- The registered manager had an open-door policy and staff found both the registered manager and the provider approachable.

Continuous learning and improving care; Working in partnership with others

- There was good evidence of an improving trend of compliance within the service. A previous and continuous breach around recruitment had finally been fully complied with. A previous recommendation to implement a dependency tool to help calculate staff had been implemented. Progress had been made towards meeting the accessible information standard and developing some end of life information for people, and the registered manager was keen to develop this further.
- Staff sought advice from and worked with a range of health and social care professionals to ensure that they developed their understanding and expertise of how to meet people's needs, and that people had access to the support they heeded.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Monitoring systems had not been effective in highlighting that not all incidents occurring in the service to people were reported by staff.